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CASE OF POISONING BY STRYCHNIA.

[Communicated for the Boston Medical and Surgical Journal.]

MESSRS. EDITORS,—I am induced to report the following case of poisoning by strychnia, from having read the statement in the *New York Times*, that the pirate Gordon took strychnia, and suffered from convulsions and lockjaw, and that his agony was so severe as to require the intoxicating effects of whiskey, in order to save his life, from 4, A.M., till noon, the hour fixed for his execution. Was this a *ruse*, to screen the making a wretch *dead drunk* while he was being hung? Or did the City Prison physician really suppose whiskey to be the only agent to counteract the effects of this poison? In either case, my report may be *apropos*.

CASE.—Margaret M., servant girl, aged 20, ate a hearty dinner at 1, P.M., Feb. 27th, 1862, walked a half mile, and bought some strychnia. In answer to her question, how it was used in killing rats, the druggist told her to rub it fine and mix it with meal. Going to an aunt's house, where she occasionally staid, she soon found an opportunity to pour some out in her hand, rub it as fine as she could with her fingers, and take it. This was about 2.20, P.M. She soon complained of severe headache, rose up and walked rapidly around the room, then fell to the floor with a sharp cry, and had several violent convulsions. Her aunt bathed her face in "Huse camphor," when she became quiet. In a few minutes, the spasms returned, and the aunt ran to the neighbors for help. During an interval of the attacks, the girl was helped up stairs, and seeming to be quite relieved, she was left alone. She now took another dose—thinking, as she said afterwards, the first would not kill her. Convulsions soon recurred, "the head was jerked backward, the limbs extended, and the whole body perfectly stiff." Her agony becoming extreme, and being charged with having eaten something, the girl finally admitted what she had done. Salt and mustard were given her, with which she seemed nauseated, when I saw her at 4½, P.M. She asked me not to touch her head, "as it would jerk it back so."

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As I touched her wrist, a very severe spasm ensued. Anticipating this, I had some chloroform ready on a handkerchief, and applied it to her mouth and nose. The rigidity was so great as almost to stop respiration, but a few feeble inspirations quickly allayed the attack. I now gave an emetic, and renewed the chloroform from time to time, so as to prevent any decided convulsion. At 7 o'clock, I gave six grains of iodide of potassium, with four drops of tincture of iodine; at 9, gave five grains of calomel, with one third of a grain of the sulphate of morphia, followed by salts and senna in the morning. During the night, there was great muscular soreness, burning heat of the stomach and bowels, and vomiting of ropy fluid, which gradually abated, till in a few days the patient was well.

At my request, she poured out into my hand amounts of strychnia equal to those which she had taken. One weighed seven, and the other six grains, these consisting of pure crystals. Being mingled with her dinner, the poison was doubtless but slowly absorbed, so that she got the effect of but a part, at any one time, and a portion of it was probably ejected in vomiting. The iodide of potassium may have had no effect in neutralizing the poison, but the camphor and chloroform were probably far more effective than would have been the freest use of the best old Bourbon!

While treating a paraplegic patient, in May, 1855, with strychnia, its effects would occasionally extend to the upper portion of his body. My patient fancied he had better use of his limbs after such action, and would sometimes take his own dose. He would bear from one to one and a half grains, before the effect would pass from his legs. From two to three grains would produce complete rigidity, but it was uniformly controlled by bathing the face with spirits of camphor, and taking a few drops internally. Once he took four grains, and then the camphor failed, but chloroform at once arrested the convulsions. My patient was incurable, and I allowed him to please his fancy, while I satisfied myself as to some of the effects of strychnia, and in the influence of camphor and chloroform over them. Since then, several articles have appeared in your JOURNAL confirming my observations, and I can hardly account for the want of such knowledge as is implied in the newspaper report of the case of Gordon.

Yours &c.,

Warren, Ohio, March 19th, 1862.

JULIAN HARMON.

DR. SPOONER ON THE DIFFERENT MODES OF TREATING DISEASE.

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3. ANTIPATHIC TREATMENT; from *αντι*, against, and *Πάθος*. This mode of treatment is the reverse of that last described, and consists in the use of medicines which produce symptoms the reverse of, or opposed to, those manifested by the disease. Thus, constipation is opposed by cathartics; the want of sleep and spasmodic affections

by anodynes and antispasmodics; heat, by cold, and the reverse. Within the last century, two systems of practice have been offered to the profession, each of which assumed this mode of practice as the principle upon which it rested. These were, the Brunonian theory, by John Brown, of Edinburgh; and that of Rosari, the distinguished Italian physician. In both of these systems, diseases are divided into two classes; one of high excitement, the other of defect of excitement—the former demanding the use of remedies that depress; and the latter, medicines that excite the vital powers. Both of these systems, after a short-lived reputation, have passed away, and have become mere subjects of history. The antiphlogistic treatment of disease is founded on the same principle. This practice, until within a few years, has been generally approved and adopted by the profession at large. In this place it may be interesting to notice the changes or revolutions that the practice of medicine has undergone in little more than a century and a half.

Stahl, an eminent chemist and physician, commenced his medical career near the beginning of the last century; I have noticed the fact that his views of life and disease produced a great revolution in the theory of medicine, by directing the attention of physicians to a study of the vital powers. The effect of his system was quite as great in the practice as in the theory of medicine. Previous to his day, the prescriptions of physicians were compounded of the greatest variety of substances that earth, air and sea produced. His doctrine of *Autocrotoria*, according to which the living system possessed in itself an intelligent principle of self-preservation, greatly simplified the practice of medicine. He and his disciples not only discarded complexity in their prescriptions, but went to the opposite extreme of rejecting medicines of established utility, and left almost everything to the curative powers of nature. Dr. Cullen, who was the successor of Stahl by several years, makes the following commentaries upon his practice:—"Trusting much," he says, "to the constant attention and wisdom of nature, they (Stahl and his adherents) have proposed the art of curing by expectation; have therefore for the most part proposed very inert and frivolous remedies; have zealously opposed some of the most efficacious, such as opium and Peruvian bark, and are extremely reserved in the use of general remedies, such as bleeding, vomiting, &c." And again, "I might carry my remarks a little further, and take this opportunity of observing that in whatever way we may explain the operations of nature, it appears to me that the general doctrine of '*nature curing disease*,' the so much vaunted Hippocratic method of curing, has often had a very baneful influence on the practice of medicine, in either leading physicians into, or continuing them in a weak and feeble practice; and at the same time superseding or discouraging all the attempts of the art. Although it may sometimes avoid the mischief of bold and rash practitioners, yet it certainly produces that caution and timidity, which have ever opposed the introduction of new and

efficient remedies." And further, "It must be sufficiently obvious, that although the *vis medicatrix natura* must unavoidably be received as a fact; yet, whenever it is admitted, it throws obscurity upon our system; and it is only when the impotence of our art is very manifest, that we ought to admit it in our practice."

Few physicians have exercised greater influence over the profession in this country and in England, than Dr. Cullen. "As the basis of his system," says Dr. Good, "he took the hypothesis of Stahl, modified and improved by Hoffman, and on this basis created his stately and elaborate structure, so well known to the medical world, full of ingenuity and daring genius, and which if it be at this time crumbling into decay, certainly is not falling prostrate before any fabric of more substantial materials or more elegant architecture." In practice, Dr. Cullen led the way in a direction opposite to Stahl. Dr. Rush, in this country, did much to recommend the same mode of practice. During the first third of the present century, the antiphlogistic or heroic practice was brought to its culminating point. It is but little more than forty years since Dr. Armstrong published his famous work on typhoid fever; in which he announced that the lancet was the right hand and calomel the left hand of the physician. And as late as 1830 Dr. Southwood Smith, in strong, figurative language, compared the physician with his lancet, at the onset of fever, to a fireman at the small beginning of a fire.

Such was the practice of medicine when I entered upon the profession. At that time, most medical authorities regarded acute disease as inflammatory, or as a state or condition of unnatural excitement. According to Dr. Rush, "The causes of all diseases consist in excessive or preternatural excitement in certain parts of the human body, accompanied generally with irregular motions, and induced by natural or artificial stimuli or irritants." "The cure of all diseases depends simply upon abstraction of stimuli from the whole or from a part of the body when the motions were in excess, and increase of stimuli when the motions were moderate." Such were the views, with some modifications, that prevailed at the time referred to. Inflammation or preternatural excitement was regarded as an evil to be put down by the most energetic measures. Consequently, bleedings, neither few nor small; calomel and antimony without stint; cathartics, without regard to bowels either of flesh or of *mercy*; and blisters, without thought of smarting of skin or scalding of urethra, formed the daily routine and the duly *authorized practice* of the physician. And, again, behold the change which has taken place in the views of physicians. Most acute diseases are regarded as self-limited; the curative powers of the system are sufficient for their own work, and there is little left for the physician to do, but to stand by and guard against the officious interference of friends.

Thus very briefly have I endeavored to present the varying and

opposing views of physicians within a little more than a century and a half. Within this period we can observe not less than three revolutions in the practice of medicine. First, we have the revolution effected by Stahl, whose views of disease and its treatment greatly influenced the physicians on the continent, and more or less those of Great Britain. Next came Cullen, with his fascinating system, swaying the minds of all who came within its influence. And, lastly, we have the practice of Stahl, revived by some of the leading minds of our own time. Medical practice, during this period, may be compared to a pendulum; extreme inertness of practice on the one hand, and boldness on the other, being the points between which it has been vibrating. Upon these two extremes of medical practice, constituting the autopathic and antipathic modes of treatment of this paper, I will here offer a few remarks.

In regard to inflammation of internal organs and common fevers, the prevailing error has been, that the symptoms by which these diseases are manifested, are regarded in themselves as essentially evil. If, by any means, a portion of the cellular or muscular tissue is destroyed, immediately the process of inflammation is set up, supuration, granulation and cicatrization follow in regular course, and the injury is repaired. From some cause, usually undue exposure to cold, an injury is done to the lungs, and their integrity or normal condition is impaired. In consequence of this injury, inflammation occurs, certain processes or changes take place, and in a majority of cases, if left to themselves, would terminate in health, although often through much suffering. The former we call healthy inflammation, the latter we call disease. Why is it that physicians take such a different view of these two cases? One reason undoubtedly is, that the final cause for which the inflammatory process is set up in the former case is manifest; but in the latter case, the whole process being out of sight, the final cause is not so obvious, and the whole matter seems a mystery. Another reason is, that the internal affection has its seat in a vital organ, and is often so violent as to destroy life. But the essential difference between the two is, *that the former is primarily injury of structure, the latter of the dynamic powers.* But in both cases, the inflammatory process is set up for the same final cause; that is, a restoration to a normal state. Physicians are often so much engaged in observations upon what can be seen, and what can be heard, that they do not notice or think of the agencies which are beyond the ken of their senses. In inflammations of internal organs, our attention is arrested by the changes produced in the vascular system, and the organic changes resulting therefrom; and we are too apt to overlook the important fact, that there are dynamic changes, in which the nervous system performs a most important part, which are anterior to the changes in the vascular system. It requires but little reflection upon facts daily passing under our observation, to satisfy us that the nervous system is a most important agent in all acute diseases. It matters not, whether,

with Cullen, we call the power or agency residing in the nervous system, the Energy of the Brain; or, with Darwin, the Sensorial Fluid; or, with more recent physiologists, we regard it as a Vital Electro-Magnetic power—the fact of its existence cannot be questioned. And when we consider the important part that the nervous system takes in the organism, as the agent by which all impressions are made both from without and within, whether affecting body or mind; as the medium by which the several parts are united into one harmonious whole; and as the power by which these wonderful and inscrutable actions are maintained, as manifested in the various animal functions, we cannot overrate its importance in all conditions of the system, whether normal or abnormal.

If the foregoing remarks be admitted to be well founded, it will follow that the causes producing fever, and the causes producing inflammation, though differing in other respects, as I shall in another place attempt to explain, make their first impressions on the nervous system; and thus the tumult which follows in the vascular system is but the consequence of the impressions made on the nerves, and is a manifestation of the efforts made by the system to relieve itself of the difficulties under which it is laboring. In regard to fevers, we know that the impressions made by the causes producing them, are sometimes so strong as to strike the patient down at once, or in a few hours, without any or a very imperfect reaction having been produced in the vascular system. And in most fevers and inflammations, a violent chill or a violent formative stage is the precursor to a violent and dangerous affection. If the views here presented be correct, it will follow that we are not to regard internal inflammation as essentially evil; but, on the other hand, in certain abnormal states of the system, inflammation is to be regarded as a natural process, and as essential to the preservation of the system as the processes of digestion or assimilation are in a state of health. And as a farther consequence, it will follow that the practice that aims ONLY at the breaking up or destroying of inflammatory action, at all hazards and by the most active means, is both unnatural and unphilosophical.

I by no means intend to maintain that the antipathic practice is never useful. This would be a contradiction of the experience of every practical physician. In cases of violent and extensive inflammation, occurring in patients of robust constitutions, especially if free livers and of plethoric habits, the efforts of nature may become so violent as to destroy life. In cases of this description, the experience of ages has satisfactorily proved, that there are no means so effectual in restraining such excessive action as bleeding and the other common antiphlogistic treatment. But I am persuaded that the number of cases in which such practice is necessary is comparatively small, sufficiently so to form the exception and not the rule of practice; and I am equally persuaded that the same results can be obtained in a large majority of cases of inflammation quite as surely

and quite as quickly, and more safely and pleasantly, by the milder treatment already noticed.

The benefit of local bleeding in parts removed from the centre of circulation, and in tissues possessed of a low degree of vitality, in a state of inflammation, is too well established by experience to be questioned. Moreover, we sometimes see affections of the head relieved by bleeding from the nose; of the peritoneum and the womb, by menorrhagia; and hæmoptysis, alarming as it is as a symptom, is not unfrequently a relief in congestive states of the lungs. Hæmorrhage, therefore, is one of nature's modes of relieving disease, and therefore it would be unwise in any physician to discard it in his practice. Equally unwise would it be for a physician to discard other agencies included under this mode of treatment, since nature sometimes adopts them, and experience has fully established their efficacy. The use of cold water in local inflammations, and the more general use of it in febrile affections, has long been adopted with benefit by the profession. But the freezing process, as a remedy in local inflammations, has not, to my knowledge, attracted much attention in this country. I have used it in several cases of inflammation of the knee with signal benefit, and I believe that it will be found a valuable addition to the list of remedies in use, in similar cases. In this mode of treatment are included stimulants in opposition to a state of debility. Of the utility of these articles, there can be no question, and comment will be useless.

In opposition to the antipathic, we have the autopathic, already described. The latter mode of practice could be relied upon solely, if the self-preserving power of the system was perfect in itself, and sufficient for all emergencies. Unfortunately for our race, our profession owes its support to the weakness and imperfection of the body. We recognize the autocratic power most distinctly in the self-limited diseases. Of this class, we can observe some that are definite in their character. 1st. Of this kind are the mumps, chickenpox, measles and smallpox. In regard to these diseases, we can foretell, after exposure, the day of attack, development, and decline, and any attempt to check or control these diseases in their natural course may be disastrous in its consequences. 2d. Others that are indefinite. Of this kind, with many others, we can rank all internal acute inflammations which are indefinite in attack, development and duration, but which, if left to themselves, in a majority of cases would terminate in health, although often through much suffering. In affections of this kind, the physician can do much to diminish their severity, aid the efforts of nature, and hasten them to a favorable termination. If I mistake not the signs of the times, the tendency, at the present day, is to carry the autopathic practice to an extreme. I have known physicians who not only withheld medicine, but almost refused food to their patients, or attempted to support them on infinitesimal portions of food. I have known one person, who was kept on boiled rice until the very name of it was revolting. I have

heard of children kept on arrow-root without salt, until their stomachs were nauseated at the very sight of the cup. This starving out of the enemy is worse than open assault. In plain terms, this practice is cruel and unnatural, and although negative in its methods, is so positive in its effects as to entitle it to a place with that which has been called heroic. I have seen as much mischief resulting from excessive abstinence as from excessive bleeding. I know one individual, whose life was endangered by this extreme regimen; and I know more than one who has suffered for many years, and while life remains will continue to suffer, from dyspepsia from the same cause. The fact is, that nutrition, liquid or solid, is demanded in all conditions of the system; and food, sufficient in quantity and of a kind to support the body, is needed for all recuperative processes, quite as much as it is for growth and the preservation of health. The remark of Cullen, quoted before, seems applicable to some physicians of the present day;—to wit, that “it certainly produces that caution and timidity which have ever opposed the introduction of new and efficacious remedies.” A constant regard for the curative powers of nature, by physicians of the present age, in their daily practice, is a great improvement on the practice of the physicians who lived near the close of the last century, who seemed to regard any attempt on the part of nature to cure, as an improper interference, and an encroachment on their chartered privileges. Let us not flatter ourselves, however, that in a just appreciation of “nature in disease,” we have reached the boundaries of the medical art. As already stated, the purely dynamic diseases are self-limited, but admit of relief by medical treatment. If the same remark is not true of other self-limited diseases—such as typhoid and scarlet fever—it seems to me to be a reason for the physician being ever diligent and unwearied in searching for the means of relieving them of their terrors. When we are obliged to watch a patient through a distressing and lingering disease, without being able to render any relief, it seems to me a tacit acknowledgment of the imperfection of our art.

4th. Allopathic mode. From *ἄλλος* and *πάθος*. The word *ἄλλος*, in its original, means either another or other. In the latter sense it was used by Hahnemann. According to his view, the homœopathic mode was the only true or orthodox practice; all other practice (*ἄλλος*) was allopathic or heterodox—a sense obviously offensive. It is in the former sense, which is the more common, that it is used in this paper. By allopathic treatment, I mean that treatment by which one disease is cured by exciting another disease in another part. Allopathic remedies are those which excite irritation, eruptions or sores on the skin; and include mustard, tartrate of antimony, cantharides, caustic, &c. Under this head, I include emetics when used to resolve inflammations in distant parts, as buboes in the groin; also cathartics, when used as derivatives to relieve affections of the head and other parts. It may be observed, in regard to cathartics,

that they are included under each of the three modes of medicinal treatment that I have noticed. Given to relieve diarrhœa, they are homœopathic; to relieve constipation, they are cathartics; to relieve affections of distant parts, they are allopathic. It is unnecessary for me to dwell long on this mode of treatment. Of its value, no sensible physician can entertain a doubt. We have the testimony of physicians of all ages and all countries in favor of this practice; and it has the higher recommendations of being one of the methods adopted by nature to relieve itself. Every physician of experience can recal cases of internal affections, which, after the use of a great variety of medicines, have been unexpectedly relieved by an eruption on the skin; or of ailments, of years' continuance, which have been permanently cured by the formation of a large abscess.

I have thus endeavored, as briefly as possible, to describe the different dynamic modes of treating disease. As observed in the beginning, these different modes are imitations of the methods used by nature in relieving diseases of this description. Thus, the most common natural mode of relieving disease is through the common excretions. The treatment which coöperates with nature is the homœopathic mode; nature also relieves by exciting preternatural discharges or hæmorrhage from different organs; and the abstraction of blood may be taken as an illustration of the antipathic mode. Lastly, nature cures one disease by exciting another disease in another place; in imitation of this, we make use of external irritants and artificial sores, and this is allopathic treatment.

If our constitutions were perfect and possessed an autocratia, which would, with almost unerring certainty, restore them from all deviations from the normal state, there would be but little left for the physician to do. If ever needed, it would be to guard against all interference with nature, or to coöperate with her in her curative efforts. But the efforts of nature may be so violent as to endanger life, and therefore need restraint. Or they may be either wanting, or so defective as to need excitement. For it is evident that it is the want of this power which renders some fevers suddenly fatal; and its defective character in some inflammatory affections, which renders them chronic, lingering, and sometimes fatal. In the present state of the medical art, no one mode of treatment can be adopted solely, to the exclusion of the others.

In the management of dynamic disease, we should take into consideration all the modes of treatment that have been described, and very conveniently in the order in which they have been presented. 1st, We are to inquire—will medicine do any harm by interfering with the curative efforts of nature? 2d, Can medicine be used which will coöperate with nature? 3d, Are natural efforts too violent, and do they need restraint; or are they defective, and do they need excitement? 4th, Will benefit be derived by exciting a preternatural disease? By adopting this general plan of treatment, and

observing the rules laid down under the autopathic mode, we shall do all that we can do with our present knowledge, and in most cases bring our patients to a successful issue.

[To be continued.]

Selections from Medical Journals.

WINTER MARCH OF BRITISH TROOPS TO CANADA.—Late numbers of the London *Lancet* contain an interesting account of the conveyance of several thousand soldiers, in mid-winter, of the present year, from Halifax in Nova Scotia to Canada. It is drawn up by H. Chalmers Miles, R. A., of the Royal College of Physicians of Edinburgh, in medical charge of the 7th Brigade batteries. The account is one of peculiar interest at the present time, when our own soldiers, in warmer regions, however, are continually required to be conveyed in large bodies from point to point. The conveyance was first by water from Halifax to St. John, N. B. There the troops started in sleighs, each having four seats with two men in each seat, and drawn by two horses. About 30 of these sleighs started daily, carrying 160 men, with their baggage. The stations for stopping at night were all designated and prepared in advance, a "troop hut" with proper conveniences being erected, and a medical officer remained permanently at each station during the whole passage of the troops, besides the one accompanying each party daily on the route. On platforms within these huts, extending on both sides their whole length, which was 80 or 90 feet, thick fir boughs were spread for the men to sleep upon, forming a bed far superior to straw mattresses. Telegraphic despatches were sent back at the close of every day's march, concerning the state of the roads, the hour of arrival, accidents, &c. The stations were ten in number—and, with the distances apart, forming each day's journey, were as follows:—St. John to Petersville, 30 miles; Petersville to Fredericton, 36 miles; to Dumfrieze, 32 miles; to Woodstock, 33; to Florenceville, 23; to Tobique, 25; to Grand Falls, 24; to Little Falls in Canada East, 37; to Ft. Ingall, 39; to Rivière de Loup, 40. The amount paid for transportation over the 319 miles, was 2*d.* sterling per mile for each soldier. The Grand Trunk Railway was taken at the latter place.

Ample provision was made for the clothing and rations of the men. Each man had two blankets, one of which was doubled and sewn up at the side and one end, forming a blanket sack, which was found of great use. Sheep-skin coats, or buffalo robes, two for eight men, were also supplied, as well as the usual flannel shirts, woolen stockings and drawers, fur caps, &c., and, to some of the troops, chamois-leather jackets. The daily rations were, for each man: "One pound and a half of bread or biscuit; one pound and a quarter of fresh meat, or one pound of salt meat; one-third of an ounce of ground coffee; one quarter of an ounce of tea; two ounces of sugar; one third of an ounce of salt; half an ounce of pepper; half a quartern of rum: at a stoppage of 6*d.* sterling per man daily." In addition to this, the men had it in their power to purchase extra comforts at the various stopping places, and much more than the daily rations was probably eaten and drank by the men, the intense cold rendering it desirable if not

necessary. About half way between adjoining stations each party made its mid-day halt, dinner was eaten, the grog served out, and the horses fed. The stations for the night were reached between 5 and 6, when tea was prepared in the huts, the rations for the next day cooked, and the tattoo sounded for bed at 8. The men were generally up before day-light, breakfasted, and were stowed away in their sleighs at 8. Mr. H. is doubtful of the necessity of the spirit-ration to troops under any circumstances—believing that in heat or in cold, in fatigue or at rest, that man is the best soldier or seaman who recruits exhausted nature without a resort to the Indian's "fire-water." He was not responsible for its allowance to the men under his charge.

The weather, during the passage of the 7th brigade, was unsettled, with heavy falls of snow, till Fredericton was reached, when bright and intensely cold days succeeded, the glare of the sun's rays reflected from the glistening snow painfully affecting the eyes. On approaching Little Falls, the sky was again overcast, the atmosphere was humid, and the men looked chilled and benumbed. On the confines of Canada snow again fell, but the last day of the journey was dry and cold. The temperature of the weather (a point of much interest in this transportation of troops belonging to a temperate clime), under Mr. M.'s observation and during the hours of exposure to the open air—viz., between 7, A.M., and 6, P.M.—varied from 32° below zero, Fahr., to 22° above zero. The lowest degree of cold was felt between 7 and 9 in the morning and in the shade; the greatest heat, between 1 and 2 in the afternoon, and in the sun. During the night and in the early morning, the thermometer was at times as low as 38° below zero. Moist cold, at 10° or 12° below zero, was found worse to bear than dry cold at 25 or 30° below, provided there was no wind. Only one case of frost-bite occurred, and that was caused by water being spilt upon a man's stocking before he put on his moccasin in the morning, the thermometer being at 18° below zero.

Mr. M. mentions it as a remarkable fact, and one reflecting the highest credit on those who had the management of this march of an army over a frozen desert of snow, extending through several weeks, that not a single death was caused by it, and all the sanitary arrangements by the medical authorities were thoroughly effective.

BROMIDE AND IODIDE OF POTASSIUM IN EPILEPSY. *Cases and Clinical Remarks by Dr. Wilks.*—In reference to the subjoined cases Dr. Wilks has favored us with the following clinical remarks:—It is well known that epilepsy or epileptiform fits may result from various causes, existing both within and without the brain; dependent, that is, upon organic changes of structure or upon the condition of blood circulating through the organ. As so many causes produce epileptiform symptoms, it is necessary to ascertain in the first instance how the term is to be defined. Now-a-days it is pretty generally admitted that epilepsy is a disease which exhibits on the *post-mortem* table no structural change. Moreover, it is a disease which may last for years, and leave the patient in tolerably good health in the intervals of the fits. Very different, however, are the convulsions arising from organic disease of the brain, which can only endure for a limited period, and then sooner or later have other symptoms to accompany them. So also "fits" arising from impure blood and from renal suppression. With this general understanding of the subject, although during life, from

the obscurity of the symptoms, history, &c., it may be a question as to the existence of true epilepsy or not; yet if on *post-mortem* examination we find a diseased kidney or an organic disease of the brain, we may come to a correct conclusion as to the nature of the case, and we style that alone epilepsy where no marked organic disease is found. Generally speaking, tumors in the brain show other symptoms sufficiently diagnostic. The most difficult cases to distinguish from pure and simple epilepsy are those where either from disease of the bones of the cranium or membranes, an adhesion occurs between the latter and the brain, which produces a class of symptoms not distinguishable in many instances from true epilepsy. Bright very sagaciously observed that in epilepsy arising from a local cause, where the whole brain is not affected, consciousness often remains; this no doubt is often true, but whether a sufficiently marked symptom to afford the basis of a diagnostic difference been this form and others, we can scarcely say.

We have made these remarks in order to explain, as we think, a treatment which is singularly efficacious in those cases of epilepsy which are due to a local affection arising either from syphilis or injury. Every practitioner could quote from his experience cases where a most remarkable success has resulted from the use of iodide of potassium when the cause appeared to be syphilitic, and also now and then a case where a course of mercurials cured the patient. As it is, however, often difficult to recognize such a cause, we have of late years, before commencing the ordinary and most approved anti-epileptic remedies, begun the treatment with the iodide or bromide of potassium. We formerly gave the iodide, but subsequently changed it by way of experiment for the bromide, on account of having seen better results with the latter remedy in cases of bronchocele and glandular swellings. About this period, also, the bromide was recommended by Sir C. Locock as a remedy having some influence over the ovary in females, and therefore curative of those epileptiform affections which might be due to an irritation of this organ. Although this theory was questionable, yet if it were founded on any facts showing the efficacy of the remedy, this was an additional reason for adopting it; and we thought it equally good for all cases, whether men or women. Since using this remedy, Dr. Wilks added, now for two or three years, and in a large number of cases, he had undoubtedly had more success than heretofore, being fully aware, he said, of the remarkable fact that epileptics generally seem to be better on any new remedy, whatever its nature may be, and, also, that should it exert a real influence, the benefit is often only temporary. The *rationale* of this success is connected, we imagine, with the remark just now made, that many cases of epilepsy depend on a local affection of the bones or membranes, which the remedy removes by its absorbent powers.

Not that we can prove the existence of any such cause in most instances, but knowing the value of the medicine where such cases do exist, we have explained its *modus operandi* by its selecting out these cases for cure. That epilepsy may exist for several years, and only at death a local cause be found, we know from several instances, and in such there has been no difficulty in discovering a history of injury at an early period of life. Another explanation for an occasional cure by this remedy may be found in the fact, that fits arise sometimes from lead poisoning, and that the iodide or bromide of potassium is instru-

mental in eliminating the poisonous metal from the system. In two or three cases we have seen epileptiform fits arising from lead poisoning, and in which the iodide of potassium was used with success. In this way it may sometimes have been supposed to have cured epilepsy.

Knowing how apt we are to be deceived by the operation of a new remedy, I do not speak more peremptorily on the subject, but add a few cases; only stating that I continue to use it in all new cases which come before me, believing it to be wise to adopt some such remedy in the first instance.

Case 1.—Cecilia D., aged 22, came to the Hospital in April, 1860. Her mother accompanied her, as she was unable to find her way and was childish in her manners. The former, indeed, never left her night nor day, as she generally had two or three fits a day. They had existed many years, but for two years had occurred daily. She had more than once fallen into the fire and burned herself. She was ordered five grains of bromide of potassium three times a day. The fits soon began to grow less in number, but the improvement was not very marked until her visit on June 6, when she had had no fit for three days and in the following week, the 13th, had had none. After this they occurred at long intervals. She persisted in the medicine, with the exception of a week or two, and the report was, on October 24, "No sign of a fit for two months." At the end of another month, there having been no attack and her health improved, she ceased to attend. On February 13, 1861, she came again to the hospital; she had remained well ever since (nearly six months) until a few days before, when, having lost a brother suddenly, she was seized with four fits in succession. She commenced the same medicine again and persisted in it for six weeks, until her letter was out, when, having had no return of the fits, she was dismissed. This girl thus not only lost her fits, but became more robust and in better health; a fact, Dr. Wilks said, he has noticed in similar cases, that as the disease recedes so does the health improve. In this particular case it might be thought that with such a striking result some syphilitic taint was present, but none such was discoverable.

Case 2.—Amy M., aged 13, came as out-patient, with fits, in March, 1860. She took bromide of potassium in three-grain doses, and the fits soon ceased. At the end of three months, none having occurred, she left. This case is unsatisfactory, as a long interval sometimes intervenes between the attacks.

Case 3.—Alfred C., aged 36, a worker in lead, came to the Hospital on June 13, 1860. He was a very feeble man, had a remarkably sallow or waxy complexion, and a blue line on the gums. He had fits and some hesitation in his speech. He took the iodide in three-grain doses, and left at the end of two months in much better health, and with a cessation of the fits.

Case 4.—Francis K., aged 34. For two years had been subject to fits. At first they appeared at long intervals; afterwards, about once a month, subsequently about twice a week. He stated that he fell without any notice, and struggled violently. He was ordered the bromide, and when he left, in December, 1860, he had had none for ten weeks. He was seen some weeks afterwards, and he stated that he had had a slight warning twice, but never a decided paroxysm.

Case 5.—Louisa C., aged 54, came to the Hospital on November 21, 1860. She had been subject to fits for about a year, and of late had

had several a day. Ordered four grains of the bromide. On January 2 she had had on an average about one fit a week. On January 16 had had two fits. She had none after this until she left, at the end of February. Several months afterwards Dr. Wilks saw this patient, and she had had no symptoms of a seizure, and then it seemed, on whatever cause they were dependent, that she was absolutely cured.

Case 6.—Agnes J., aged 26, came to the Hospital on November 14, 1860. She had had fits ever since ten years of age, and on an average had had one a week. Of late they had been more frequent, and having had four in ten days, she applied for advice. She was ordered three grains of the bromide three times a day. The fits soon begun to decrease in frequency, and when she left in January she had had none for a fortnight. This case is unsatisfactory.

Case 7.—Martha L., aged 29. She came on December 19, 1860. She was said to have had fits only for eight weeks, which, as far as could be learned, appeared to be truly epileptic. She had had nine in the week previous. She was ordered the bromide. She had only one fit since, on January 9. They then ceased altogether, and when she gave up her letter at the end of the month had no return. This case also is unsatisfactory.

Case 8.—Henry Y., aged 40. He came to the Hospital in September, 1860. He had fits daily, sometimes two or three a day. He was ordered three grains of the bromide three times daily. The patient, after a time, improved considerably, but being an old case, the medicine was persisted in. At the expiration of four months, in January, 1861, he had had only eight fits since the commencement of the medicine, and had had none for three weeks. He continued until the end of the month, when, having no return of the fits, he gave up his letter.

Case 9.—Jane E., aged 22. She came to the Hospital on December 19, 1860. She had had fits for a year, and at various intervals, sometimes two or three a week. She took the bromide for two months, and then gave up her letter, having had no fit during this time, and only on one occasion symptoms of one. This case is also unsatisfactory.

Case 10.—Valentine M., aged 7. This was a very bad case of epilepsy. He had had several fits daily for the last three months. He took the bromide for three weeks with no improvement, afterwards zinc, and other remedies, but without success. He then desisted from all medicine. In the course of a week or two the fits spontaneously ceased, and three months afterwards he had only had slight symptoms. Unsatisfactory as regards the bromide.

Case 11.—Charles S., aged 10. He had suffered from fits for two years. They sometimes occurred daily, but occasionally at a week's interval. On one occasion he was free for two months. Before coming to the Hospital he was much worse. Ordered the bromide, which he continued for three months, when, having none after the first fortnight, he ceased to attend.

Case 12.—George F., aged 19. His fits commenced two years ago. Generally, they occurred daily for several days, and then ceased for a few days. Ordered the bromide. This young man continued under notice for several months, and was upon the whole considerably better, though the fits occurred occasionally. When last seen had had none for more than two months.

The following case lately occurred in the Hospital :—

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Case 13.—John S., aged 33, was admitted on June 5, 1861, for epilepsy. He was at the same time very cachectic; he was thin, and his mind was dull. He said he had had fits for one year and a half. He had had pain in the head. He was too feeble to rise from his bed, and at a few days' intervals had epileptic attacks of a very severe character. He had various treatment until August, when he was much worse; he had seven fits in one day, and in the intervals was delirious. He was then ordered ten grains of the iodide of potassium three times a day, and at once began to improve. The fits left him; he became stronger and stouter, and left his bed. He continued the treatment for two months, when he left the Hospital, comparatively well.—*London Medical Times and Gazette*.

Army Medical Intelligence.

To the Surgeon-General.

NEWBERN, N. C., April 19, 1862.

DEAR SIR,—I should have written to you long before, but have been so hard at work in the Craven-street Hospital, of which I have the principal charge, under Dr. Bryan, Brigade Surgeon, that I could not find the time to seriously set about it. Soon after our arrival, I was stationed on the gunboat Picket, which fired the first gun and took the first prisoners in the action at Newbern; and on Sunday, March 16, I was ordered to get the Craven-street Hospital ready for the reception of the wounded in that battle. The building was an old three-story warehouse, which had been used as a hospital by the Confederates. I found about one hundred bedsteads, with beds and coverings in a most filthy condition; one man dead, and another dying, left by the rebels in their hurried flight. I impressed about a dozen contrabands, and had the building scrubbed from top to bottom, and all the beds and clothing aired and sunned. I had nothing to eat all day, and at night only a mug of tea without milk or sugar, and some hard bread; afterwards resting in my clothes on a hard sofa. The next day the wounded came in, to the number of more than one hundred, some very gravely, but most slightly wounded. Had it not been for the clothing and necessary articles supplied by Mr. V. Colyer, of the Benevolent Association of New York and vicinity, the soldiers would have suffered much. There were no medicines here, except what the rebels left and a chest seized in the city. It was pretty hard work to attend to the wounded, without dressings, opiates, or stimulants; but we got through (I and Dr. Woodhull, of the ninth New Jersey), and without serious accident. We sent home, at the time Dr. U. went, about seventy-five, in a very good condition, and about twenty-five more have since been sent.

The curious courses taken by the bullets are very remarkable, and such as would seem impossible; the missiles flew like hail, and of every conceivable size, shape, and material, and have assumed the most fantastic forms in the body. Most seemed to be round balls, and the bones which they fractured were not comminuted, as a general thing. The penetrating wounds of the chest have all proved fatal but one; this one was a case in which the ball entered on the right side about an inch and a half below and outside the nipple, and coming

out in the middle of the sternum; the anterior part of the lung was wounded, with considerable bleeding from the mouth and from the wounds; the pain in breathing and the cough have been distressing, a semi-erect position being the only one in which he can rest. Opiates, stimulants (especially milk punch), and light nutritious diet, have kept him along to this, the thirty-sixth day; he has profuse and fetid suppuration, and has been apparently sinking several times, but has rallied under the use of stimulants, and to-day he seems quite strong and free from pain.

Typhoid fever prevails extensively here, and of a very grave type; I find it hard to resist the opinion that it is infectious, but I suppose I must. We have just paid the last honors to Dr. DeWitt Lathrop, of the eighth Conn. The fever is treated here by quinine and whiskey, and beef-tea, almost from the commencement, but with no good results. I have not followed this practice, pursuing rather the expectant treatment, of refrigerant diaphoretics, and camphor and carbonate of ammonia instead of quinine and whiskey, and have had fewer fatal cases than those who pursue the stimulant method, which I am satisfied is wrong.

The weather here is delightful, like the July of Massachusetts—very hot in the middle of the day, but cool at night, especially towards 3 A.M. Roses are in full bloom, and other flowers are in their glory. Strawberries I have seen of good size. I think it is healthy enough here, if persons live as they ought. I have enjoyed, thus far, uninterrupted good health, and hope to keep it by attention to diet and avoidance of the causes of disease. The water here is very bad—very hard, and sometimes brackish, producing and keeping up diarrhoea. I have seen no intermittent yet, or any disease which can fairly be attributed to malarious influence. Woolen clothes are getting to be uncomfortable.

Yours, &c.

S. KNEELAND, Jr.

From the following extract from the letter of a correspondent at Ship Island, we learn that typhoid fever and dysentery are prevailing to a considerable extent in that region, and that there is a deficiency in quantity as well as quality of the drugs supplied:—"The entire change in the climate and manner of living of the troops on Ship Island has induced a very considerable amount of sickness in the different regiments. The men are all from the extreme Northeastern and Northwestern sections of our country, and require a residence of some little time in this zone to become acclimated. The diseases most prevalent are typhoid fever, dysentery, diarrhoea and affections of the throat. The surgeons have their hands full of business, and have attended to their numerous patients with a cheerfulness and devotion most creditable to their humane profession, and the result is, that the ratio of deaths to the amount of sickness is very gratifyingly small. Owing to the fact that the Twelfth Maine Regiment were so crowded and confined for six weeks, off and on, on the Constitution, and that they are mostly men who have been accustomed to pure air and healthy living all their lives, this regiment has probably suffered more from sickness than any other corps here. All but about two hundred have been more or less ill, and typhoid fever has prevailed to quite an extent. Drs. Thompson and Black have been unremitting in their attention to the sick, and the friends of the regiment will be glad to learn that from the time of its inception to the present, there have been but eleven

deaths in the regiment. In this connection I wish to call attention to the moderate quantities of proper medicines with which military dispensaries, at so great a distance from home, are supplied. From personal observation, I know that surgeons are obliged to substitute drugs comparatively ineffectual for those which are desired, and, in fact, necessary. I have known a poor fellow to suffer several days a racking cough, from the entire lack of sugar with which to make a syrup."

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, MAY 1, 1862.

DEATH OF DR. ALLEY.—It is with sincere regret that we have this week to record the death of Dr. John B. Alley. The event was not unexpected either to himself or to his friends, as he has been for a long time in declining health, and, latterly, it has been evident that he could not long survive. The void occasioned by the death of Dr. Alley, not only in the ranks of the profession, but in the hearts of all who knew him, will not soon be filled. We all remember how for years he has faithfully stood by his post, when his strength was often well nigh exhausted, determined to shrink from no duty, so long as life remained, to further the interests of humanity; and we can all testify to the scrupulous fidelity with which he performed the responsible and often arduous official duties that devolved upon him. It is probable that the state of his health did not permit him to share largely in private practice, but the Massachusetts Medical Society will cherish his memory for the able and faithful manner in which he has so long guarded its interests; and the city of Boston owes him a debt of gratitude which can never be paid for his long and efficient services as Superintendent of the Boston Dispensary.

Besides holding the office of Secretary of the Massachusetts Medical Society, he was one of its Councillors, and had held many positions of trust, in this as well as other medical associations. Faithful in all that pertained to his professional duties, Dr. Alley was no less true to those principles which should guide us in our dealings with each other. A man of singular gentleness of manner, he seemed ever ready to do an act of kindness, and in all his social relations his bearing was marked by that consideration for others which always denotes the Christian gentleman. Much, however, as we mourn the loss of such a man as Dr. Alley, we may console ourselves with the reflection that he has passed from a life of suffering to the reward which is promised to the pure in heart.

We understand that the funeral ceremonies will take place at the Emmanuel Church, Berkley Street, on Friday at 12 o'clock, M.

We have already alluded at some length to the arrangement of the wards in hospital construction, a subject which has taken precedence of another point of great importance, which in proper order of development it would perhaps have been better to have considered first; we refer to the position of the pavilions with relation to the points of

the compass. This, as we have already said, should depend upon whether the rooms in the pavilion extend through it from one side to the other, or whether there is a longitudinal partition-wall, with rooms each side of it. In the latter case, the pavilions should be so placed that one side may receive the morning and the other the afternoon sun; that is, its axis should be north and south. In the other case, it should be reversed, so that one broadside should, from sunrise to sunset, have the sun lying upon it.

With regard to their relative position, and the desirable distance between the pavilions, there has been much diversity of opinion. The first point should be regulated by the convenience of access, as far as it can be done, without interfering with any hygienic necessity. In the arrangement of the pavilions of the City Hospital, we do not think this has been sufficiently considered. The corridors leading from the central building not only diverge from it as a centre to each individual pavilion, but, to increase the grace and elegance of the ground plan (for this alone is improved by it), they go off in curves, increasing the distance to be traversed by the attending physician, and, what is still more important, the distance and time consumed by the suffering patient, after leaving the reception room, before he is housed, and in a comfortable bed in the proper ward. The physician, too, in order to get from one pavilion to another, without going into the open air, must return to the central building, taking this each time as his point of departure. All this may do very well for ornamental gardening and pleasure grounds, but is as incongruous in a hospital design as would be a hand-organ and merry-Andrew in the halls of legislation. This was not contemplated in Dr. Clark's design, which gives a simple straight line from one pavilion to the other, touching the central building in its course; and that suggested by Dr. Green, whilst enlarging the general design, arranges eight pavilions with their ends abutting on two opposite sides of a hollow square, thus affording every facility of access for physician and patients, both from the central building to each, and from one pavilion to another—a very important consideration. In this arrangement, Dr. Green has adopted the general design of the Hospital Lariboisière, which, with miserable defects in detail, and in working qualities, presents us with one of the finest general designs for a large hospital and all its essential requirements. To make the matter perfectly plain—and the difference between Dr. Green's plan and that adopted by the city—in the latter, the physician or patient, as the case may be, in order to get from the central building to either of the four pavilions (situated, we must very emphatically say, unnecessarily far from the centre and from each other), must go through a corridor, not on a straight line, but on a quadrant just 50 per cent. longer than it need be. And then for the attending physician, or house director, to get to the next pavilion, he must return by this quadrant, one third longer than it need be, and start on another of similarly protracted length. Dr. Green, in his plan, has remembered that a straight line is the nearest distance between two points, and has applied the same straight line for going from the central building to each pavilion, and from one pavilion to another. We leave common sense to judge between these.

SURGEON-GENERAL OF THE U. S. ARMY.—We are glad to learn that Dr. William A. Hammond has been appointed by the President to fill the important post of Surgeon-General. "No man," says the *Medical Times*, "could be selected who so happily combines in his professional relations the confidence and esteem of both the Medical Staff of the Army, and the profession of the country, as Dr. Hammond. A native of Maryland, but long a resident of Pennsylvania, Dr. Hammond entered the army as Assistant Surgeon, June 29, 1849. He remained in the army until 1860, when he resigned his commission, and soon after accepted the chair of Anatomy and Physiology in the University of Maryland, Baltimore. He also became an associate editor of the *Maryland Medical Journal*. On the breaking out of the rebellion several of Prof. Hammond's associates espoused the cause of the rebels, while Prof. H., true to his country, showed his active sympathy for her success in that dark hour of trial, by again entering the Regular Medical Staff.

"During the first period of service on the staff, Dr. Hammond occupied important and most laborious positions on our frontier; and that he was an acute observer, an efficient officer, we have abundant evidence in the valuable reports which he communicated from time to time to the Medical Bureau, and which have since appeared in the Reports of that Department. His contributions to periodical medical literature were also numerous and valuable. To the profession at home and abroad Dr. Hammond is best known by his physiological writings, which have placed him in the front rank of experimental physiologists. To our immediate readers he will be remembered as the author of a course of lectures on chancre, which appeared in the early numbers of the last volume of the *Medical Times*, and which attracted much and deserved attention."

MIDDLESEX SOUTH DISTRICT MEDICAL SOCIETY.—At the Annual Meeting of this Society, held at Waltham, April 16, 1862, the following gentlemen were elected officers of the Society for the ensuing year:—*President*, Dr. W. W. Wellington; *Vice President*, Dr. John W. Osgood; *Secretary*, Dr. A. Hosmer; *Treasurer*, Dr. R. S. Warren; *Supervisors*, Drs. S. Richardson, H. Bigelow, J. L. Sullivan; *Censors*, Drs. M. Clarke, M. Wyman, J. H. Brown; *Commissioner on Trials*, Dr. Anson Hooker; *Councillors*, Drs. Josiah Bartlett, C. H. Allen, Enos Hoyt, J. Pratt, J. B. Taylor, A. Mason, H. Cowles, O. E. Hunt, A. B. Bancroft, A. C. Livermore, F. R. C. Kittredge.

At the same meeting the following resolutions were unanimously passed:—

Whereas, this Society has learned, with pain and grief, of the death of two of its most valued associates,

Resolved, That in the deaths of Dr. Luther V. Bell, of Charlestown, and Dr. Hiram Hosmer, of Watertown, this Society has sustained the loss of two of its most valuable and honored members.

Resolved, That while they have always filled most acceptably and creditably to themselves and the profession, the posts to which they have been called, whether as presiding officers of this, or the parent, Society, or of institutions for administering to minds diseased; whether they have served in the camp, or in the more quiet circle of common practice; they have ever been devoted and successful physicians, safe and sagacious counsellors, warm and faithful friends, of true worth and modesty.

Resolved, That this Society deeply sympathizes with the relatives of the deceased, and tenders its most heartfelt commiseration in this hour of their affliction.

Resolved, That a copy of these resolutions be transmitted to the families of the deceased.

A. HOSMER, Sec. M. S. D. Med. Society.

MAINE MEDICAL SCHOOL.—The clinique of this School, by Drs. Childs and Dana, for Saturday, April 19th, is reported in the *Brunswick Telegraph*. Eleven cases were treated, some of them of an interesting character, the operations being performed by Dr. Childs. Dr. Robinson's course of lectures being brought to a close, a suitable valedictory address to the students was made by him, and a letter of thanks from them was returned. Dr. Nourse, of Bath, commenced his course of lectures on Monday.

FROM an interesting letter from Dr. George H. Gay, dated April 15, at the headquarters of Gen. Sumner, we learn that he, together with Drs. Hodges and Homans, are now stationed there, where it is intended to establish a large general hospital. They are also to be in readiness as a reserve corps of surgeons to act as soon as an emergency may require their aid. Dr. Gay speaks particularly of their indebtedness to Gov. Sprague, for his many attentions and kindnesses, as well as to Cols. Reynolds and Burgess and Major Metcalf of his staff.

DRS. S. H. TEWKSBURY, of Portland, and Wm. Warren Greene, of Gray have been selected by Gov. Washburne, of Maine, as surgeons for special service among the sick and wounded at the seat of war, and have been ordered to Fortress Monroe, to enter upon their duties.

AID FOR THE WOUNDED.—The Board of Managers of the Western Pennsylvania Hospital have placed the new "Dixmont Hospital" at the disposal of the Government, for the reception of the wounded at the late battle of Pittsburg. It can accommodate five hundred patients.

VITAL STATISTICS OF BOSTON.
FOR THE WEEK ENDING SATURDAY, APRIL 26TH, 1862.

DEATHS.

	Males.	Females	Total.
Deaths during the week,	41	45	86
Average Mortality of the corresponding weeks of the ten years, 1851-1861,	44.8	37.9	82.7
Average corrected to increased population,	92.40
Deaths of persons above 90,

Mortality from Prevailing Diseases.

Phthisis.	Chol. Inf.	Croup.	Scar. Fev.	Pneumonia.	Varicella.	Dysentery.	Typ. Fev.	Diphtheria.
14	2	0	5	6	0	0	0	1

METEOROLOGY.

From Observations taken at the Observatory of Harvard College —For the week ending April 12th.

Mean height of Barometer,	30.074	Highest point of Thermometer,	44.0
Highest point of Barometer,	30.296	Lowest point of Thermometer,	20.0
Lowest point of Barometer,	29.884	General direction of Wind,	N. N. E.
Mean Temperature,	33.6	Am't of Rain (inches),	0.14

BOOKS RECEIVED.—Principles and Practice of Obstetrics. By Gunning S. Bedford, A.M., M.D., &c. Second Edition. New York, William Wood, 389 Broadway.

MARRIED.—In Charlestown, 24th inst., John S. Whiting, M.D., to Miss Lucy L., daughter of Eben Barker, all of Charlestown.

DIED.—In this city, 22nd inst., John B. Alley, M.D., 38.—24th inst., Charles F. Hoffendahl, M.D., aged 63 years 10 months.—At Newbern, N. C., of typhoid fever, D. W. C. Lathrop, M.D., Surgeon of the 8th Connecticut Regiment.—In New York, Dudley Peet, M.D., Professor in the Deaf and Dumb Institution.

DEATHS IN BOSTON for the week ending Saturday noon, April 26th, 86. Males, 41—Females, 45.—Accident, 2—apoplexy, 2—asthma, 1—inflammation of the bowels, 3—congestion of the brain, 1—disease of the brain, 3—inflammation of the brain, 1—bronchitis, 1—cholera infantum, 2—consumption, 14—convulsions, 4—debility, 3—diabetes, 1—diphtheria, 1—droopy, 3—droopy of the brain, 4—drowned, 1—erysipelas, 2—scarlet fever, 5—gastritis, 2—hemorrhage, 1—hemorrhage of the umbilicus, 1—disease of the heart, 2—infantile disease, 2—disease of the kidneys, 2—congestion of the lungs, 1—inflammation of the lungs, 6—measles, 1—paralysis, 1—pertussis, 1—purpura hemorrhagica, 1—scrofula, 1—sore throat, 1—syphilis, 2—teething, 1—thrush, 1—unknown, 3—whooping cough, 2.

Under 5 years of age, 43—between 5 and 20 years, 2—between 20 and 40 years, 21—between 40 and 60 years, 10—above 60 years, 10. Born in the United States, 64—Ireland, 16—other places, 7.